

**ELECTRONIC DATA INTERCHANGE
ACCESS APPLICATION**

POST 3-101 (03/07/2001)

INFORMATION PRIVACY ACT

Pursuant to the Federal Privacy Act (Public Law 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information. Although disclosure of the information is voluntary, failure to provide the information may delay or prevent the processing of your application. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual for whom personal information is collected has the right to inspect that information in any record maintained by POST. Inquires may be directed to the POST Information Practices Act Coordinator at the address listed above. Contact the POST Information Services Bureau for instructions on requesting records.

INSTRUCTIONS

- Complete this application to request access privileges to the POST Electronic Data Interchange system. This form can also be used to make changes to an existing account where access has already been granted.
- Type or print (in ink) all information legibly.
- Send your completed application to POST, Attention: Information Services Bureau, via mail to the above address or by fax to (916) 227-5271.
- After your application has been reviewed, POST will contact you by e-mail.

USER APPLICATION

1. DEPARTMENT NAME

2. DEPARTMENT MAILING ADDRESS (Street, City, Zip Code)

3. APPLICANT NAME (Last, First, Middle)

FOR POST USE ONLY

4. JOB TITLE

5. BUSINESS TELEPHONE NUMBER

()

6. BUSINESS E-MAIL ADDRESS

7. INFORMATION TECHNOLOGY CONTACT (Last, First, Middle)

8. BUSINESS TELEPHONE NUMBER

()

9. ACCESS REQUESTED (For each function(s) you select, **you must also** select the access privilege preferred)**FUNCTION:****TYPE OF ACCESS:**

Data Entry/View/Print View/Print Only

- | | | |
|---|--------------------------------|--------------------------------|
| <input type="checkbox"/> Notice of Appointment/Termination | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Sherman Block Supervisory Leadership Institute Application | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Other | <input type="checkbox"/> | <input type="checkbox"/> |

10. CHANGES TO EXISTING ACCOUNT

- ☐ Modify Previous Request
(Complete and highlight the
fields to be changed)
- ☐ Deactivate Access

APPLICANT ATTESTATION

I agree to abide by the following conditions for use of and access to the POST Electronic Data Interchange (EDI) system:

- I understand that the EDI system, and the information contained therein, is for official use only. I also understand that I am entering a secured area that contains personal and confidential data which is protected by provisions of the California Civil and Penal Codes.
- I understand that all activity on this system is monitored and all transactions are logged. By using this system, I expressly consent to the monitoring of my activity.
- I understand that if the system monitoring reveals possible evidence of criminal activity, legal action will be taken. Additionally, if I participate in unauthorized access, attempted access, or misuse of this data in any way, I am subject to State of California and/or federal prosecution and termination of my access privileges.

11. SIGNATURE OF APPLICANT

12. DATE

CHIEF EXECUTIVE APPROVAL OR AUTHORIZED DESIGNEE

My signature on this application confirms that the above-named individual has my permission to act on behalf of my agency to access the POST Electronic Data Interchange (EDI) system. I also understand that this individual will be considered by POST as acting on behalf of my department whenever the individual accesses the system and/or updates my department's records.

13. PRINTED NAME AND TITLE

14. SIGNATURE OF CHIEF EXECUTIVE/AUTHORIZED DESIGNEE

15. DATE



Electronic Data Interchange

INSTRUCTIONS FOR COMPLETING

THE ELECTRONIC DATA INTERCHANGE (EDI) APPLICATION

Instructions and information that will assist POST-participating agency personnel to gain access to and use the POST EDI system are described below:

INTERNET ACCESS

The EDI system requires Internet service and may be accessed with either Microsoft Internet Explorer (version 5.5 or greater) or Netscape Navigator (version 4.7x). If the computer to be used for EDI does not have one of these navigating systems, check with the computer services unit/person at your agency.

APPLICATION TERMS

Line 7 - Information Technology Contact. This item refers to your agency's computer unit or data system's lead person.

Line 9 - Access Requested. Mark the type of access requested. If "Data Entry/View/Print" is selected, the user will be able to enter data, view and print agency records. If "View/Print Only" is selected, the user will not be able to enter data, but will be able to view and print agency records. POST considers all agency users as acting on behalf of their agency whenever they access the EDI system.

SUBMITTING YOUR APPLICATION

Your application may be submitted via US mail service or by fax. Because original signatures are required, online submission of applications is not accepted. Please retain a copy of the completed application for your records.

- **POST Mailing Address:** Attn: Kathy Pope, Information Services Bureau, Commission on POST, 1601 Alhambra Boulevard, Sacramento, CA 95816-7083
- **POST Fax Number:** 916.227.5271, Attn: Kathy Pope, Information Services Bureau

After your application is approved, POST will send you an email message. The message will include step-by-step instructions on how to obtain your digital ID which is required to access the EDI system.

SECURITY

The EDI website uses an authenticated server and encryption mechanisms to protect the transmission of information. This makes it a secure site. Some agencies have computer servers with a firewall set-up that blocks access to secure sites. If you experience problems when attempting to access the system, ask the computer services person at your agency to contact POST for further instructions.

AVAILABILITY

The EDI system is available at all times, except weekdays from 3:00 a.m. to 7:00 a.m. and Saturdays from 7:00 p.m. to Sundays at 7:00 a.m.

POST EDI CONTACT

If you need help with the application process, or if you experience technical difficulties, you may contact Kathy Pope at 916.227.4807 or Kathy.Pope@post.ca.gov. Thank you for your interest in the EDI system. We hope this system will improve our service to you.

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